

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) REPUBLICAN NATIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00003418	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee STUART & ASSOCIATES INC			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">04</table> / <table border="1" style="display:inline-table; margin:0 5px;">13</table> / <table border="1" style="display:inline-table; margin:0 5px;">2015</table>		
Mailing Address 15919 INDUSTRIAL PRKY			Amount <table border="1" style="display:inline-table; margin:0 5px;">2655.00</table>		
City CLEVELAND	State OH	Zip Code 44135	Transaction ID : 2015M04SE0009		
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">04</table> / <table border="1" style="display:inline-table; margin:0 5px;">13</table> / <table border="1" style="display:inline-table; margin:0 5px;">2015</table>		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">111440.00</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee CUSTOMINK.COM			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">04</table> / <table border="1" style="display:inline-table; margin:0 5px;">13</table> / <table border="1" style="display:inline-table; margin:0 5px;">2015</table>		
Mailing Address PO BOX 791253			Amount <table border="1" style="display:inline-table; margin:0 5px;">1045.00</table>		
City BALTIMORE	State MD	Zip Code 21279	Transaction ID : 2015M04SE0010		
Purpose of Expenditure PRINTING		Category/Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">04</table> / <table border="1" style="display:inline-table; margin:0 5px;">13</table> / <table border="1" style="display:inline-table; margin:0 5px;">2015</table>		
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">111440.00</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">3700.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ANTHONY PARKER

[Electronically Filed]

Date

 /

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Signature